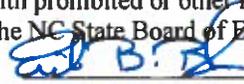


# Disclosure Report Cover

Amendment  
 Yes  No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
 Do not use this form to update information

1. Committee Information			
a. Full Name		c. ID Number	
Committee to Elect Tom Athey			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
81 W. Second Street Ocean Isle Beach, N.C. 28469		01/25/2022	
		e. Phone Number	
		704-607-8870	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2021	07/13/2021	10/18/2021	Erik B. Blowers
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
7. Type of Fund (if applicable, check one)		<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
8. Number of Fundraisers this Report		10. Special Report Name	
0			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
First Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign Contribution & Reimburse	3611		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 0		\$
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.			
Erik B. Blowers			Jan. 25, 2022
Printed Name of Signer		Signature of Appointed Treasurer	Date
FOR OFFICE USE ONLY			
Date Received:	Employee:	Delivery Method	
Date Postmarked: 1/26/2022	Employee: <u>ar</u>	<input checked="" type="checkbox"/> Normal Mail	
Date Scanned:	Employee:	<input type="checkbox"/> Registered Mail	
Date Data Entered:	Employee:	<input type="checkbox"/> Hand Delivered	
		<input type="checkbox"/> Electronically Filed	
		<input type="checkbox"/> Signer has not received mandatory training	
<b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.			
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

# Detailed Summary

Amendment  
 Yes  No

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Committee to Elect Tom Athey		Semi Annual Year End			
<b>Start of Election Cycle:</b> <b>January 1,</b> <b>2018</b>		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
<b>4) Cash on Hand at Start</b>		\$ 0		\$	
<b>RECEIPTS</b>					
<b>5) Aggregated Contributions from Individuals</b> (CRO-1205)		\$		\$	
<b>6) Contributions from Individuals</b> (CRO-1210)		\$ 1,405.00		\$ 1,405.00	
<b>7) Contributions from Political Party Committees</b> (CRO-1220)		\$ 0		\$ 0	
<b>8) Contributions from Other Political Committees</b> (CRO-1230)		\$ 0		\$ 0	
<b>9) Loan Proceeds</b> (CRO-1410)		\$ 0		\$ 0	
<b>10) Refunds/Reimbursements To the Committee</b> (CRO-1240)		\$ 0		\$ 0	
<b>11) Other Receipt Sources</b>					
<b>11a) Interest on Bank Accounts</b> (CRO-1250)		\$ 0		\$ 0	
<b>11b) Contributions from Not-for-Profit Organizations</b> (CRO-1250)		\$		\$	
<b>11c) Outside Sources of Income</b> (CRO-1250)		\$		\$	
<b>11d) Legal Expense Fund – Other Sources</b> (CRO-1270)		\$		\$	
<b>11 e) Exempt Purchase Price Sales</b> (CRO-1265)		\$		\$	
<b>12) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1,405.00		\$ 1,405.00	
<b>EXPENDITURES</b>					
<b>13) Disbursements</b>					
<b>13a) Operating Expenditures</b> (CRO-1310)		\$ 833.29		\$ 833.29	
<b>13b) Contributions to Candidates/Political Committees</b> (CRO-1310)		\$		\$	
<b>13c) Coordinated Party Expenditures</b> (CRO-1310)		\$		\$	
<b>14) Aggregated Non-Media Expenditures</b> (CRO-1315)		\$		\$	
<b>15) Loan Repayments</b> (CRO-1420)		\$		\$	
<b>16) Refunds/Reimbursements From the Committee</b> (CRO-1320)		\$		\$	
<b>17) In-Kind Contributions</b> (CRO-1510)		\$ 5.00		\$ 5.00	
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 838.29		\$ 838.29	
<b>19) Cash on Hand at End</b> (Add lines 4 and 12 together, then subtract line 18)		\$ 566.71		\$ 566.71	
<b>ADDITIONAL INFORMATION</b>					
<b>20) Non-Monetary Gifts Given to Other Committees</b> (CRO-1330)		\$			
<b>21) Outstanding Loans (incl. ones from other campaigns)</b> (CRO-1430)		\$			
<b>22) Debts and Obligations owed By the Committee</b> (CRO-1610)		\$			
<b>23) Debts and Obligations owed To the Committee</b> (CRO-1620)		\$			
<b>24) Account Transfers Within the Committee</b> (CRO-1720)		\$			
<b>25) Administrative Support</b> (CRO-1710)		\$		\$	
<b>26) Forgiven Loans</b> (CRO-1440)		\$		\$	
<b>27) 48-Hour Notice Reports Sum</b> (CRO-2220)		\$		\$	
<b>28) Contributions to be Refunded</b> (CRO-1215)		\$		\$	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Committee to Elect Tom Athey						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Cathy K. Blowers 173 W. Fourth Street Ocean Isle Beach, NC 28469 980-333-8336			No job title/Profession			
			<b>c. Employer's Name/Specific Field</b>			
			Non Employed		<b>e. Election Sum to Date</b>	
					\$ 500.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	3611	Check		9/16/2021		\$ 500.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Tom Athey 81 W. Second Street Ocean Isle Beach, NC 28469 704-614-1262			No job title/Profession			
			<b>c. Employer's Name/Specific Field</b>			
			Non Employed		<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	3611	Check		7/16/21		\$ 100.00
<input type="checkbox"/>		Cash	Filing Fee	7/13/2021		\$ 5.00
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Danny Norwood 6776 Roberta Road SW Ocean Isle Beach, NC 28469			Contractor			
			<b>c. Employer's Name/Specific Field</b>			
			Pools By the Sea		<b>e. Election Sum to Date</b>	
					\$ 500.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	3611	Check		10/1/2021		\$ 500.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>4. Total only this Page</b>					\$ 1,105.00	
<b>5. Total of ALL CRO-1210 Pages</b>					\$ 1,405.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Committee to Elect Tom Athey						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Cheryle Check 15 Causeway Drive Ocean Isle Beach, NC 28469 910-233-1773			Realtor			
			<b>c. Employer's Name/Specific Field</b>			
			OIB Realty Keller Williams Ocean Isle Beach, NC 28469		<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	3611	Check		9/30/2021		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Peter Maquire 80 Newport Street Ocean Isle Beach, NC 28469			No job title/Profession			
			<b>c. Employer's Name/Specific Field</b>			
			Non Employed		<b>e. Election Sum to Date</b>	
					\$ 200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	3611	Check		9/30/21		\$ 200.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>4. Total only this Page</b>					\$ 300.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,405.00	

# Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
Committee to Elect Tom Athey					
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Build a Sign 1125 Stonehollow Drive Suite 100 Austin, TX 78758 1-800-330-9622					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 642.64	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
3611	Check	B	9/13/2021	\$642.64	Campaign Signs
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
The Printing Shoppe 150 Holden Beach Road, SW Shallotte, NC 28470 910-755-6151					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 186.81	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
3611	Check	B	9/17/21	\$186.81	Stickers
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Office Depot 150 Shallotte Crossing Parkway Shallotte, NC 28470 910-754-5446					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 3.84	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
3611	Check	O	10/18/21	\$3.84	Campaign flyer
				\$	
<b>5. Total only this Page</b>					\$ 833.29
<b>6. Total of ALL CRO-1310 Pages</b> <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 833.29
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

# In-Kind Contributions

Amendment  Yes  No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
Committee to Elect Tom Athey			
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	<b>c. Comments</b>
Tom Athey 81 W. Second Street Ocean Isle Beach, NC 28469		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			<b>d. Election Sum to Date</b> \$ 5.00
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
Cash payment for filing fee		07/13/2021	\$ 5.00
			\$
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	<b>c. Comments</b>
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			<b>d. Election Sum to Date</b> \$
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
			\$
			\$
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	<b>c. Comments</b>
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			<b>d. Election Sum to Date</b> \$
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
			\$
			\$
			\$
<b>4. Total only this Page</b>			\$
<b>5. Total of ALL CRO-1510 Pages</b> <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$